

CigRef

Maine Revenue Services Cigarette Tax Refund Application

031810000

Registration Number

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Period

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1. Entity Information

Use this area only to report changes in your business

2. **OUT OF BUSINESS?** Check here ☐ , return permit to Bureau and complete information at right. Date closed _____
3. **OWNERSHIP CHANGE?** If you have changed ownership, indicate the date when this occurred here _____ and check off type of change below:
- ☐ Incorporated ☐ Partner added or dropped
- ☐ Other (explain on reverse)
- ☐ Sold to _____
4. **NAME CHANGE?** Attach explanation to this return.

ADDRESS CHANGE?: If your address above is incorrect, please make the appropriate changes to the preprinted address.

Do Not Use Red Ink!

Number of packages (from Col. 2 on reverse side)

1.

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 x \$1.00

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Number of packages (from Col. 3 on reverse side)

2.

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 x \$1.25

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3. Amount of Refund claimed

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Please note:

An ORIGINAL completed manufacturer's statement of unsalable or returned cigarettes must accompany refund application.

Refunds will be denied without such form.

Refunds will be denied if not filed within 90 days of return of cigarettes to the manufacturer.

Signature

Title

Date

Phone #

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[illegible]